

FILED FEB 14 1941

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Hicksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 814 E Normal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Lulie Cordelia Waffle
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William A. Waffle 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Feb 15 1868 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 11 7 hr. min.

9. Birthplace Adams Co. Ill. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Ernest G. Waffle
13. Birthplace Perrytown (City, town, or county) (State or foreign country)
14. Maiden name Cora Robinson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mattie Healy
(b) Address Macon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Bullion Cemetery

18. (a) Signature of funeral director Summers & F. Lindberg

(b) Address Hicksville Mo

19. (a) Jan 31/41 (Date received local registrar) (b) Spencer D. Freeman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair
(c) City or town Hicksville (If outside city or town limits, write "RURAL")
(d) Street No. 814 E Normal (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1941 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 1/41 to Jan 22, 1941
that I last saw him alive on Jan 22 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation heart

Due to Chronic valvular heart 2 years

Due to Brain congestion 2 weeks

Other conditions Intestinal influenza 10 days
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 92 B

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
Signature M. D. or other

Address Hicksville Mo Date signed Jan 23 1941

RECEIVED

District Health Officer No. 10

District File Number 2-41-201

Date Filed Feb 3, 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.